PATENT APPLICATION FEE DETERMINATION RECO								ı	Application or Docket Number														
	PATENT	PRD	10/6/1,320																				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	πτγ ⊐	OR		R THAN ENTITY										
TOTAL CLAIMS								RATE	T	FEE	7	RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA ,			BASIC FEE 385		385.00	OR	BASIC FEE											
TOTAL CHARGEABLE CLAIMS			2) minus 20=		•			XS 9=			OR	X\$18=											
INDEPENDENT CLAIMS			// minus 3 =		•			X43=				X86=											
MR	ILTIPLE DEPE	NDENT CLAIM P	RESENT						+		OR												
• 11	the difference	e in column 1 is	less than zero, enter "0" in column 2					+145=	-	P	OR	+290=	.,,										
CLAIMS AS AMENDED - PART II						5/23/05		TOTAL	L	-	OR	TOTAL	THAN										
	· , .	(Column 1)	(Column 2) (Column 3)					SMALI	L EI	YTITY	OR	SMALL											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	Í	HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	4	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	. 3	Minus	-2	J			X\$ 9=			OR	X\$18=											
	Independent	• <u>)</u>	Minus	0000000	7.			X43=	1.		OR	X86=											
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+145=	T	1	OR	+290=											
								TOTA				TOTAL											
	(Column 1) (Column 2) (Column 3)									tej.													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	· _	HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	Π	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	**		•		X\$·9=	T		OR	X\$18=											
	Independent	+	Minus	ENDENT.	C: 404			X43=	T		OR	X86=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=											
								TOTAL EEF TICO		لـــــا	OR ,	TOTAL VDDIT. FEE											
1		(Column 1) CLAIMS		(Colum		(Column 3)	_	٠.		·.		· ·											
AMENDMENT C		REMAINING . AFTER AMENDMENT	·	NUMB PREVIOU PAID F	ER . USLY	PRESENT EXTRA		RATE	TI	IDDI- ONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	÷		s "?		X\$ 9=			OR	X\$18=											
	Independent		Minus	***			+	X43=	T		OR	X86=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.14E-	T			+290=											
• 6	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							+145= .TOTAL	+		OR [+29U=											
***	the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pak	ld For IN THI	S SPACE is	less tha	ri 3, enter "3."		OIT. FEE	\cdot			DOTT. FEE											
. '	ne unflussign	oo Fistousky Pax	TO LICENCE	macheuge	#) 15 E118			•				• •											
ORM	PTO-875 (Rev. 10	/O31)					Paten	and Trade	muk	Office U.S	OFP	ORM PTO-678 (Rev. 10/03) Patient and Trademank Office, V.S. DEPARTMENT OF COMMERCE											